

CLAIMS ONLY

Application Number

.. Filling Date

10/747621

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	/					
2	/	/				
3		/				
4	/					
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48						
49						
50						
Total Indep.	3					
Total Depend.	5					
Total Claims	8					

May be used for additional claims or amendments

	Indep.	Depend	Indep.	Depend	Indep.	Depend
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Total Indep.						
Total Depend.						
Total Claims						